

Exh 1

supported by
 Hamilton County Community Mental Health Board
 and Hamilton County Alcohol & Drug Addiction Services Board
520-532 Maxwell Avenue
Cincinnati, Ohio 45219

Bennett J. Cooper, Jr.
 Executive Director

Carmen Carter
 DOB: 08/23/53

October 28, 2003

TREATMENT EPISODE OVERVIEW

Ms. Carter was admitted to this agency on March 13, 2003 with a provisional admitting diagnosis of Depressive Disorder – NOS – DSM IV 311. She presented with sleep disturbances, high levels of anxiety, feeling hopeless and helpless and overwhelmed by environmental stressors.

Ms. Carter was evaluated and assessed by Al Rivera, MD on March 18, 2003 and at that time was given trial medications, as follows: Effexor XR 150 mg twice daily; and Serzone 50 mg PO qd. At follow up, medications were changed to the following: Effexor XR, 150 mg, one twice daily; Neurotin, 300 mg – one three times daily and Serzone, 150 mg one time daily. Patient has experienced several failed trials of various medications and adjustments were expected. Having shown minimal positive response to the above, on 09/16/03, Serzone was discontinued and Zyprexa, 5 mg PO one HS was prescribed. However, due to concerns that one possible side effect of taking Zyprexa is diabetes, Ms. Carter declined Zyprexa and opted to continue with Serzone. In the interim, patient had blood glucose levels done and those results are not yet available. Ms. Carter reports high blood pressure regulated by Norvasc, high cholesterol levels and she is somewhat overweight, all conditions making her a candidate for diabetes, posing a much higher risk for Zyprexa therapy.

Individual therapy sessions began on March 27, 2003 with Barbara Duhart, LISW. Focus of initial therapy was to stabilize on medications, identify triggers/sources of increased anxiety and feeling overwhelmed and work on skills/coping mechanisms in order to regain and maintain former levels of functioning. Some progress has been made but many obstacles to recovery remain firmly in place.

A.D.A.P.T.872-8870
 Central Intake559-2097
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 Day Treatment Center559-2063
 Drug Services559-2056
 Drug Services Intake559-2048

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Another focus of sessions was to build self confidence so that Ms. Carter could return to work. She also needed to move and at first was unable to accomplish this. She did eventually move to a new place but the stress and struggle in accomplishing the move induced exacerbation of the original symptoms and negated any progress to date. Ms. Carter also took a job and was attempting full time work when her father passed away in Chicago. She faced a different type of therapy need after returning home as she had obtained family information hidden for some time. Unresolved early childhood issues were explored. Ms. Carter continued to take medications but reported little, if any relief from depressive symptoms. Her fatigue was just as enduring and intense, there were episodes of binge eating, uncontrollable crying spells, poor memory and inability to concentrate and focus on any given task to completion. Grief, loss and acceptance of the inevitable were incorporated into sessions. Ms. Carter remains depressed and she is beginning to hold little hope of any relief in the near future. Explored options including voc/ed for career changes; part time employment; part time entitlements; there are several avenues open to Ms. Carter should she desire to begin accessing these and other resources. Ms. Carter indicated that she has filed for SSI and disability benefits.

Prognosis for Ms. Carter is guarded, mostly due to lack of positive response to several medications in various combinations. Physical indicators and attributes have been considered and Ms. Carter has been advised to get the regular maintenance physical with blood levels and thyroid check completed. She is still displaying the same set of symptoms as when she was first admitted and the far reaching effects of continuing symptomology add heavily to already prominent features of clinical depression.

ADMREC

UNIVERSITY OF CINCINNATI HOSPITAL
ADMISSION RECORD

ACCOUNT NUMBER		ADMIT DATE		ADMIT TIME	SERVICE	TEAM	UNIT	ROOM/BED	MEDICAL REC
[REDACTED]		080596			NURC		PRE	0000-00	0000012
PATIENT NAME		LAST	FIRST	MIDDLE	MAIDEN	SEX	RACE	MARKET	AGE
CARTER, CARMEN						F	UN		042
ADDRESS		CITY				STATE		ZIP CODE	
2450 GRANDVIEW AVENUE		CINCINNATI				OH		4520	
COUNTY	ADMIT THROUGH	RELIGION	SOCIAL SECURITY NO.		TELEPHONE - HOME				
HAMILTON	0THR		[REDACTED]		513/7515076				
NEXT OF KIN NAME	RELATIONSHIP		TELEPHONE - HOME		TELEPHONE - WORK				
CARTER, MAE	MOTHER		312/2686648						
LOCAL CONTACT NAME	RELATIONSHIP		TELEPHONE - HOME		TELEPHONE - WORK				
CARTER, MAE	MOTHER		312/2686648						
SYMPTOMS/DIAGNOSIS									
INTRACTABLE COMPLEX PARTIAL SEIZURES									
ATTENDING M.D.						RESIDENT M.D.			
PRIVITERA, MICHAEL D						NOT, APPLICABLE			
REFERRING PHYSICIAN/ADDRESS									
FAMILY DOCTOR (PRIMARY CARE PHYSICIAN)/PRACTICE SITE									
VICKERS, LEROY						2600 STRATFORD		CINCINNATI OH	
U.H. ADMITS PAST TWELVE MONTHS		FROM	TO	FROM	TO	LAST OUTPT. VISIT		LAST	
ACCIDENT DATE	TIME	TYPE	PLACE						
PATIENT EMPLOYER NAME		TELEPHONE		STREET		CITY		STATE	
THE CINCINNATI POST		5133522741		125 E COURT ST		CINCINNATI			
GUARANTOR NAME/HOME TELEPHONE		SOCIAL SECURITY NO.		GUARANTOR EMPLOYER/TELEPHONE					
CARTER, CARMEN		5137515076		[REDACTED] THE CINCINNATI POST					
CO. NO.	PLAN NO.	THIRD PARTY NAME/TELEPHONE		PLAN NAME					
31	099	AETNA		800/8434112		I/P AETNA MISC			
SUBSCRIBER/CASE NAME				POLICY/CASE NUMBER		EFFECTIVE DATE			
CARTER, CARMEN				[REDACTED]		10018			
PLAN NOTES									
CO. NO.	PLAN NO.	THIRD PARTY NAME/TELEPHONE		PLAN NAME					
01	001	SELF PAY		000/0000000		I/P O/P SELF			
SUBSCRIBER/CASE NAME				POLICY/CASE NUMBER		EFFECTIVE DATE			
CARTER, CARMEN									
PLAN NOTES									
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SUBSCRIBER/CASE NAME				POLICY/CASE NUMBER		EFFECTIVE DATE			
PLAN NOTES									
SPECIAL INDICATORS									
FACULTY PHYSICIAN PATIE									

UH-87
REV. 10/91

MEDICAL RECORD COPY



UNIVERSITY OF CINCINNATI HOSPITAL
CONSULTATION FORM

08/23/953 UNF
JUPITER, CARMEN
2450 GRANDVIEW AVENUE
CINCINNATI OH 45206
V 51

UMC-13, Rev. 2/95

CONSULTATION REQUEST TO:

PSYCHIATRY

S. COTTON M.D. / DR. L. ARNOU
(SERVICE)
(PHYSICIAN)

CONSULTATION FROM:

NEUROLOGY

SYAL / PRINTERA
(SERVICE)
(PHYSICIAN)

REASON FOR CONSULT:

EVALUATE FOR DEPRESSION.

4 OF 4

DATE/TIME CONSULT INITIATED/CALLED	DATE/TIME CONSULTANT ANSWERED
8/6/96	
<p><u>IMPRESSION:</u> 42 y.o. B ♀ CURRENTLY IN HOSPITAL FOR EVALUATION TO P/O PSYCHOGENIC SEIZURES.</p> <p>① MAJOR DEPRESSIVE DISORDER PT APPEARS TO BE SOCIALLY ISOLATED, NOT CLOSE TO FAMILY, + VERBA MANY AREAS OF UNHAPPINESS (JOB, CAREER, CINCINNATI, WEIGHT)</p> <p>② CANNOT P/O CONVERSION DISORDER ± SEIZURES DIFF: MAJINGERING, FICTITIOUS DISORDER, TRUE EPILEPTIC SI</p> <p>③ CANNOT P/O EATING DISORDER HX OF FAST SINCE EATING WITHOUT PURGING. SEEMS TO BE FOCUSED ON BODY FAT + IMAGE.</p> <p>④ CANNOT P/O AXIS II PERSONALITY DISORDER - MORE INFORMATION needed.</p> <p><u>RECOMMENDATIONS:</u></p> <p>① OUTPATIENT REFERRAL FOR RE-EVALUATION + APPROPRIATE TREATMENT</p> <p>② START ZOLOFT 50 mg PO qAM</p> <p>Re-evaluated. As noted above pt has major depression and multiple psychosocial stressors. Psychogenic seizures are not likely conversion symptoms. Discussed at length the need for outpt treatment including antidepressant medication and psychotherapy. Pt was referred to U. Psych Service 475-8710. Pt agreed to above recommendations. Reviewed side of Zoloft. Resley M. Arnold M.D.</p>	
RESIDENT PHYSICIAN CONSULTANT	ATTENDING PHYSICIAN CONSULT

WHITE—MEDICAL RECORD

YELLOW—CONSULTANT

JAMA PATIENT PAGE

The Journal of the American Medical Association

MENTAL ILLNESS

Depression

A person who feels sad all the time, has unexplained crying spells, or loses interest in usual activities may have major depression, a serious medical illness that should be distinguished from normal temporary feelings of sadness after a loss, such as the death of a relative or friend. Major depression affects 14 million persons in the United States each year. The June 18, 2003, issue of JAMA is a theme issue devoted to articles about depression.

SYMPTOMS OF MAJOR DEPRESSION

Having at least 5 of these symptoms occurring nearly every day for at least 2 weeks:

- Feeling sad or empty
- Decreased interest or pleasure in activities
- Appetite change with weight loss or weight gain
- Decreased or increased sleeping
- Fatigue or loss of energy
- Feeling worthless or guilty
- Being either agitated or slowed down
- Difficulty thinking or concentrating
- Recurrent thoughts of death or suicide

OTHER TYPES OF DEPRESSION

- **Bipolar disorder** (previously called manic-depressive disorder)—occurrence of episodes of major depression and episodes of abnormally elevated mood called mania (severe) or hypomania (less severe)
- **Dysthymia**—mild depression symptoms lasting for at least 2 years
- **Postpartum depression**—depression occurring after the birth of a baby
- **Seasonal affective disorder**—major depression occurring regularly in seasons with low sunlight

TREATMENTS FOR DEPRESSION

- **Medications**
Several types of antidepressant medications have been shown to be effective for depression, but they must be taken for several weeks before they begin to work.
- **Psychotherapy**
Several kinds of "talking therapies" have also been shown to be effective for depression. They involve evaluating and changing the thoughts, attitudes, and relationship problems that are associated with depression.
- **Bright light**
Daily exposure to bright light can be helpful for seasonal depression.
- **Electroconvulsive therapy**
A series of treatments involving passage of electric current through the brain while the patient is asleep from an anesthetic medication can often relieve even severe depression. These treatments are usually given about 3 times per week for several weeks.

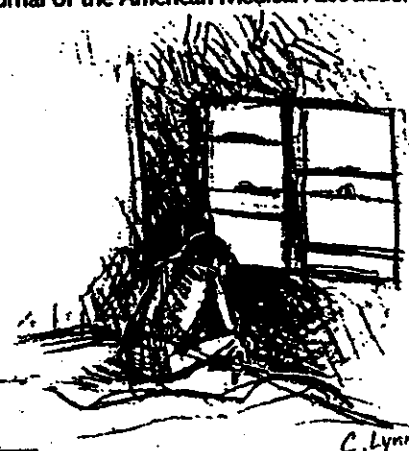
Anyone who is experiencing symptoms of depression should be evaluated by a doctor. Although individuals with depression often feel that nothing can help them, effective treatments are available. Evaluation and treatment are particularly important to prevent suicide. Suicide usually stems from depression.

Janet M. Torpy, MD, Writer

Cassio Lynn, MA, Illustrator

Richard M. Glass, MD, Editor

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FOR MORE INFORMATION

- American Psychiatric Association
888/357-7924
www.psych.org
- National Mental Health Association
800/969-6642
www.depression-screening.org
- Depression and Bipolar Support Alliance
800/826-3632
www.dbsalliance.org
- National Institute of Mental Health
www.nimh.nih.gov

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on postpartum depression was published in the February 13, 2002, issue; one on electroconvulsive therapy was published in the March 14, 2001, issue; one on adolescent suicide was published in the December 26, 2001, issue; and one on psychiatric illness in older adults was published in the June 7, 2000, issue.

Sources: American Psychiatric Association, National Institute of Mental Health, Depression and Bipolar Support Alliance, National Mental Health Association

